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September 4, 2008

Roger Caine, D.C.
3237 Bristol Road
Suite 102
Bensalem, PA 19020

RE: ROY EISNER
D/A: 04/08/2008

Dear Dr. Caine:

CHIEF COMPLAINTS:

Roy Eisner is a 51-year-old male who relates that he is the manager of a delivery service. He does mostly sedentary work. He presents this date with neck pain, as well as upper, mid and low back pain. He also relates that he is currently under your care.

HISTORY OF CHIEF COMPLAINTS:

Roy relates that he was attacked at work by a disgruntled employee who was in the parking lot. He was hit from behind, pushed to the ground and punched repeatedly.

He hit his head but denies loss of consciousness. He was seen in the emergency room at Lower Bucks Hospital where he was examined, x-rayed and released with instructions for follow-up care.

MEDICAL HISTORY:

He does have history of a motor vehicle accident in the year 2000. He did have spinal complaints at that time, but he received chiropractic treatments and therapy. Six months later, he was pain-free and returning to full functional capacity.

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PRESENT COMPLAINTS:

The patient denies any radicular-type pain. There has been no change in his bladder or bowel habits, or any increase in symptoms with coughing, sneezing or straining for a bowel movement, as with Valsalva.

He does have difficulty with all prolonged activities such as sitting, standing and driving, as well as bending, lifting, twisting, turning and changing positions.

MEDICATIONS:

Roy relates that he was started on Percocet by his family doctor and he takes Ambien for sleep.

PHYSICAL EXAMINATION:

Physical examination reveals a 5'10" tall, 170-pound male. Examination of the cervical spine reveals trapezial pain and tenderness. He has painful, limited flexion, extension, side-bending and rotation.

Upper extremity reflexes are symmetrically equal and reactive. No motor or sensory changes are noted.

Further examination of the thoracic and lumbar spine also reveals evidence of pain and spasm with flattened lumbar lordosis. He has extreme pain with extension, barely getting to neutral. He has pain as well with flexion, rotation and side-bending.

Sciatic tension test increases his low back pain and spasm.

Patellar and Achilles reflexes are symmetrically equal and reactive. No motor or sensory changes are noted.

IMPRESSIONS:

1. Chronic, refractory cervical, thoracic and lumbosacral strain and sprain with myofascitis with somatic dysfunction.
2. Myofascial syndrome.

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RECOMMENDATIONS:

I would change his medication from Percocet to a non-narcotic analgesic, as well as institute use of an anti-inflammatory medication and a muscle relaxant.

I would also continue physical therapy with all modalities available, chiropractic treatments and adjustments, and I have instructed Roy to avoid aggravating factors to the best of his ability.

COMMENTS:

It is my professional opinion, within a reasonable degree of medical certainty, that there is a direct causal relationship between all of the patient's ongoing complaints and the incident related. Prognosis for a complete recovery is uncertain.

Furthermore, it is my opinion that Mr. Eisner is disabled from his previous employment. I would be happy to reevaluate him should he not respond further to treatment in the next six to eight weeks.

Sincerely,

A handwritten signature in cursive script, reading "Norman B. Stempler, D.O.", written in dark ink.

Norman B. Stempler, D.O.

NBS/df
Dictated but not read
Cc: Alan Lourie, Esq.